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Lead Poisoning. By C. H. CLEAVELAND, M. D.

March 24th, 1851. Was called to see T. W. W., an artist, aged about 26 years, when I learned the following history of his health up to the present time:—

The patient, for some time past, has enjoyed very good health until three months since, when he first noticed general depression of spirits, and universal debility of the system without any apparent local disease. All the natural functions were performed with a moderate degree of activity, yet the patient was unable to endure even moderate labor without suffering much from fatigue. Soon after this, he observed that he was liable to a continued recurrence of *boils*, mainly upon the left arm and leg, commencing by a slow and gradual enlargement of the follicles, or subcutaneous glands, unattended with any great degree of pain or tenderness. They slowly pointed, but there was but a slight discharge of pus, and soon the original one would be surrounded by many others, so that the boils would appear in clusters, numbering from twenty to thirty in a cluster, and covering a surface of six or eight inches each way.

Soon after this, the *breath* was observed to become quite fetid, and the food became liable to undergo fermentation previous to being digested. Thinking the stomach difficulty might be the cause of the boils, the patient took *sulphur* and *cream of tartar* in small quantities daily, for two or three weeks, without any perceptible result, except to render the bowels quite loose; but the stomach becoming more and more deranged, he left off the former mixture, and, in its stead, took laxative doses of *sulph. magnesia*, daily, for another week.

The continued action upon the bowels, aggravating the derange-

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ment of the digestive tube, about one week previous to date, he took a large quantity of the infusion of *Eupatorium Perfoliatum*, with the intention of inducing free emesis. No vomiting occurred, but the boneset produced a powerful cathartic action upon the bowels, which has been kept up to the present time, notwithstanding the patient has taken repeatedly large doses of laudanum.

To-day, I find the patient suffering severely from abdominal pain, accompanied with griping, cramping, and a retraction of the abdomen, and a frequent desire to defecate, yet he is able to pass but little matter from his bowels, and that hard and scybalous. The pain is mostly confined to the umbilical region, and is frequently so severe as to cause involuntary outcries, and severe contortions of the body, and not unfrequently spasmodic action of the extremities.

Pulse slow and rather feeble, but irregular; extremities cold, and the skin shrunken and bathed in a clammy perspiration; eyes dull and humid, and the mental powers slightly prostrated, probably from the laudanum he has taken; tongue not dry, but coated, and *bluish stripe around the borders of the gums*. Breath quite disagreeable.

On inquiry, in addition to the above history of the invasion and progress of the disease, I learned that, during a part of the previous winter, the patient had been engaged in ornamental painting in his father's furniture warehouse; and while using the common lead pigments, he had frequently labored for hours together in a shop without fire, when he became so chilled that it was often a long time after his return to his warm room before this chilliness would be removed.

In addition to the exposure to the lead in the use of pigments, whose base was of that metal, he had also resided during the winter in a *new* cottage, whose internal walls were painted with colors in which lead was used, and as the season prevented thorough ventilation, the odor of the new paint could be discovered even then, although months had elapsed since the last coating had been put upon the walls.

Previous to my visit, the sufferer and his friends, although they rank very high for general intelligence as well as scientific attain-

ments, had never entertained the least suspicion that either the occupation or the residence had anything to do in causing the disease, or that they *might* be productive of so much danger and distress; and when I diagnosed *Lead Disease*, complicated and modified by the injudicious course of medication that had been pursued for the last few weeks, some of them were long in being convinced of the correctness of my opinion.

Although the circumstances with which the patient had been surrounded, as well as the symptoms under which he was laboring, indicated unequivocally that he was now suffering from *colica pictonum*, yet, remembering the caution of Tanquerel: "In most complications, lead colic must not be treated as if it existed alone; the treatment requires great caution. If the complication is an acute disease, it must be overcome before attacking the colic. *This course must be pursued when there is an inflammation of the digestive tube.*"

"Yet if the affection with which it is complicated is chronic, and cannot be quickly cured, the treatment for colic must be immediately commenced; but it should be modified so as not to increase the gravity of the chronic malady. Thus, when colic is to be treated in an individual attacked with chronic gastritis, or cancer in the stomach, the remedies must be administered in clysters, or by the endermic method:"—I endeavored first to overcome the effects of the inflammation of the stomach and bowels, which was the result of the long-continued use of purgative medicines; and at the same time relieve the patient of the excruciating pain from which he so constantly suffered.

Ordered the following:—

R. Camphor Water, 4 ounces,

Nitric Acid, 4 drops,

Opium Tincture, 1 drachm.

M. Dose, one large spoonful as often as the bowels move.

Also injections of three ounces of boiled starch, to which add one teaspoonful of laudanum, and repeat the injection sufficiently often to allay all irritation of the rectum.

Also, apply cloths, wet with a strong infusion of *mustard*, over the stomach and bowels, to be retained until decided rubefaction

is produced, when they are to be removed and their place supplied with others wet with brandy and laudanum.

As the patient was liable to faint whenever there was any movement of the bowels, I ordered him to take sufficient weak brandy sling to keep him from sinking, and enjoined as perfect quietness as circumstances would allow.

25th. Patient has passed a quiet night, but not much sound sleep. Complains of some sickness at the stomach, but not as frequently faint as yesterday.

The opium in the camphor mixture, although much less than he has taken for some days past, seems to produce a slight narcotic effect, and serves admirably to allay the pain in the abdomen.

Pulse a little fuller, but not more frequent; tongue much the same.

Directed a continuation of the treatment, only allowing a longer interval between the doses of the camphor mixture, and using less laudanum externally, and in the injections. Ordered a diet of eggs broken into boiling water, and boiled soft, with a little toast.

26th. Patient has taken no opium internally except what is contained in the aqua camphoræ composita; but has had the brandy and laudanum frequently applied externally. The mustard has produced severe external irritation, and can no longer be applied without great inconvenience. Does not need the brandy as often, and in its place takes a little port wine, when faint and pale. Has needed to take injections but twice since yesterday, and what passes his bowels appears much more natural than for some weeks past.

Give the camphor water in diminished doses, and less frequently, and also use less opium externally.

27th. As the patient was evidently much more comfortable yesterday, the nurse entirely omitted the camphor preparation for some hours, when a diarrhœa set in, attended with severe pain, and greatly reduced the patient. To-day, at 3 o'clock P. M., the pulse is only 50 in a minute, and yet somewhat wiry; and the countenance haggard and anxious. Is unwilling to take food, not from a disrelish of it, but because of the fatigue from the effort required to chew and swallow. Ordered the camphor preparation in larger and more frequent doses, and the injections of

laudatum and starch to be repeated until the diarrhoea is checked, with a little of the wine quite frequently, also the following:—

R. Sulph. Quinina, 1 grain,
Cubebæ (pulv.), 2 grains.

M. fiat, Pulvis, to be given once in six hours.

28th. Is rallying; pulse up to 60, and softer; tongue getting somewhat freed from the fur, and the appetite is improving; has had no nausea or fainting to-day, and but little pain.

Continued treatment.

29th. Still improving, soreness and tenderness of the abdomen passing away. Directed a continuation of the treatment, except that the injections are to be of simple starch, and directed the patient to take of the following:—

R. Elixir Vitriol, 1 ounce,
Sulph. Quinina, 1 scruple.

Mix. Dose, fifteen drops in sweetened water three times a day before eating. Omit the powder of Cubebæ and Quinine.

As the patient resided twelve miles from me, I did not see him again, but, on the 31st of March, his wife wrote: "My husband is almost well; to-day he has been walking about the house some, and relishes his food finely, and is fast gaining strength."

April 3d. She wrote, that the pains in his bowels returned occasionally, but only slightly, and he got immediate relief from the camphor mixture. He was directed to continue that, and the elixir vitriol with quinine, for some time, or until his health was fully established.

It was some time before the pain and tenderness finally left his bowels; but, when his health was apparently fully established, contrary to my advice, he one day painted a few feet of surface in the open air, with a mixture containing lead, when the colic returned with considerable severity. This time he was prepared for it, and subdued it at once; and since, having avoided all risks of being poisoned, he has had no return of the disease.

That people become frequently sick from the poisonous effects of lead, much more frequently than is generally supposed, I think must be apparent to any person who is on the look-out for manifestations of the maladies produced by that metal.

Within the past season, I have seen a neighboring physician

suffer with most of the symptoms of lead colic; as pain in the umbilical and renal regions, with constriction of the abdomen during the remissions; pain relieved or diminished by pressure; but, during its greatest severity, inducing strange contortions and twistings of the body and limbs; patient very much constipated, which was an unusual condition for him, with weak, stifled voice, and most persistent hiccough; and I have seen relief from all this suffering obtained by free catharsis, with the croton oil; and, although all the water used in the family was drawn with a pump through a leaden pipe for several rods, yet, after the doctor has had repeated attacks of this colic, I am not able to convince him that *lead*, in any form, has produced it.

But a few weeks since, I was called in great haste to see a young man, whose business was to *paint chairs*, who was then laboring under the *second* attack of colic that had occurred within a short period; and although his gums presented the characteristic stripe along the border, and the other indications of a lead affection were uncommonly clear and satisfactory, yet other practitioners have told him he could continue his occupation with safety, as "*paint never produces colic.*" To this patient I first administered chloroform by inhalation until the paroxysm of pain was subdued; and then gave full doses of the croton oil, which acted like a charm to remove all the pain and distress.

Cases are constantly presenting themselves to my notice, some of them quite mild, and some of a very grave nature, that are readily restored to their usual health under the treatment directed for lead affections; and yet it is difficult to convince either the public or the profession of this region, that leaden pipes for aqueduct, or cooking utensils in part composed of lead, are improper or injurious to the public health. It is also a very common custom for people to live in newly painted apartments, with the atmosphere charged with emanations from the lead and turpentine which is used in the paint, and *these rooms are pronounced not unhealthy by men of ample medical experience and observation!* And why should we expect anything different, when Tanquerel says, of the profession in Paris, where, owing to the metal being employed in so many arts, and used in so many forms, a large proportion of the people suffer from its poisonous effects: "*The*

greater part of the practising physicians do not know how to recognize lead colic! They take it for an inflammation of the digestive organs; nay, even for volvulus or hernia!"

In regard to the treatment of colic from lead poisoning, my experience has not been sufficiently extensive to authorize me to speak decisively, yet it has been sufficiently so to allow me to recommend, in the strongest terms, the croton oil, as recommended by Drs. Kinglake, Roger, Andral, Tanquerel, and others; and on it I should mainly rely in all cases where the disease is uncomplicated; but not to the exclusion of other remedies, especially opium externally applied, and by means of clysters, and also the sulphate of alumina and potash; and, during the greatest severity of the distress, I should unhesitatingly administer ether or chloroform by inhalation, until it was subdued.

The method of administering the croton oil, as recommended by Tanquerel, is, perhaps, the best that has been devised, and I transcribe it for the benefit of the readers of the "*Reporter*."

"The best way to administer croton oil, is to give a dose of one drop in a spoonful of ptisan, on the first visit to the patient. If this first dose does not produce evacuations or vomiting, seven or eight hours after, another drop must be administered, or a purgative clyster.

"The next day, and the day after, croton oil should still be prescribed in the same manner.

"The fourth day, when the patient is entirely free from all symptoms of colic, a second purgative clyster should be administered, which should be continued to the seventh or eighth day.

"In rare cases, when the colic has not entirely ceased on the fourth day, a drop of croton oil must be again given; and this may be repeated the following day, if, by chance, all traces of the disease have not disappeared.

"When the patient vomits a quarter or half an hour after taking the croton oil, another drop must be mixed with an ounce of castor oil; or (it may be) administered in clysters, in double the quantity prescribed when taken by the mouth.

"At the same time that croton oil is given, it is well to use a large quantity of ptisan. Most of the patients drank every day a very large quantity of honeyed barley water."

In applying the above directions, it will be well to be assured that the croton oil is *pure*, as most of that obtained in this region is largely adulterated. Or, if it be only diluted with some other oil, as is frequently the case, to give in larger doses and more frequently.

The following directions in regard to *regimen*, I also extract from the same learned author :—

“It is necessary, in the treatment of lead colic, even after the great pains have ceased, to insist for one or more days on the use of active remedies; it is the best way to prevent relapses. If slight uneasiness in the abdomen continues for some days, especially after the disappearance of violent pain, it is again necessary to use energetic treatment.

“Severe diet should be prescribed during the whole course of the treatment; it is necessary to wait until the pain has completely ceased, before giving food. Tanquerel has seen the symptoms return with their first intensity, when food was given before the cessation of pain. A small quantity of nourishment should be given at first, which may be increased daily.”

Tanquerel recommends that the occupation of all who are exposed to the deleterious effects of lead, be *suspended* for a time, until health and strength are fully restored; but, as many are not apparently very readily affected, and as it is not difficult in this country for a person to change his occupation, and to engage in another which is not productive of these diseases, I have invariably advised those who have once suffered, to strictly avoid all dangerous contact with lead or any of its compounds.

WATERBURY, Vt., Nov., 1851.

Law inadequate to Protect Medicine. By JAMES H.
STUART, A. M., M. D.

MR. EDITOR: I had hoped that the “long-vexed Bermoothes” of Medical Reform had subsided into an even current of professional opinion, and that, sparing you my own trivialities, I

might rest henceforth quietly in obscurity, and watch the development of the great work under other and better auspices. But the letter of Dr. Corson, and several private epistles received by myself from legal friends, warn me that I must trespass on your kindness but this once more, to "define my position." I *have* asserted that legal interference neither could nor would benefit us; and I repeat it. It was only after full consideration that I made this statement. When I am convinced to the contrary, I will retract—and not before. With all due deference to our legal brethren, and to their exalted opinion of their own profession, we must still believe that "the strong arm of law" is powerless in our behalf. That it *will* not assist us is evident. That it *cannot*, I purpose briefly to show. In the first place, I deny the *right* of legal interference. If there was an admitted standard of medical ability, the right to make that the legal gauge would be apparent. But there is not. Our country abounds in diverse systems of quackery, each claiming to be the true and only practice, and each possessing powerful support. If one of these is right, all the rest must be wrong; and also the regular educated practice of medicine. But who shall decide? Who shall dare appoint examining committees, (which must be composed of men agreeing in opinion,) and permit them to decide upon the persons legally qualified to practice? It would be the height of injustice to say to any class of men: You may practice; others shall *not*; either because those others are uneducated, or because they are rascals, and deceive the community. Even were such a law passed, it could never be enforced. The people would rise in arms against it:—

"For sure, the pleasure is as great
In *being* cheated as to cheat."

They would resist it as an encroachment upon their undoubted right to be befooled and behumbugged as much as they pleased. Even those who had no opinion on the subject would sympathize with the "persecuted," and the law would be repealed. One of my legal correspondents intimates that either an educated public, or legal restraint is necessary, and says the former is impossible. I deny the proposition; but for argument granting it; if legal restraint were imposed, would not the public take vast offence at thus

being practically informed that they were incapable of judging for themselves? Put the case to ourselves. Suppose some *quackery* were established by law; who of us would dream of submitting, and who would ever be compelled to? Each miserable blood-thirsty quack pretends to believe *his* statement, and who can say that he does not? Such legal interference would, and does answer in monarchical governments, but cannot here. The cure is in the people themselves. It is *our* business to show them the contrast between educated practice and quackery; and theirs to make the choice. We are told that our associations will take the character of "cliques," and that many "regulars," unable, from their ignorance, to enter our number, will oppose us. Bah! We are now morally too formidable to fear them. By remaining outside, they show that they are "not of us;" that they are quacks (*i. e.*, ignorant pretenders), and, being open enemies, down they must go with the rest of the quacks. Away with all this puling folly about legal assistance. We waited for it long, and they spurned us. Now that we need no legal assistance, they come with munificent offers of aid, and assure us, forsooth, that "our system will do excellently well as a foundation to build"—their legal edifice on. But "*Timeo Danaos et dona ferentes*." Many warm friends have I in that profession, and none are more sincere than those whose letters have moved this reply, but the friendship is entirely extra-professional. Legislation is indispensable for a *country*, but needless for our protection. Let us be true to ourselves, and graduate yearly only the proper number of qualified men, and quackery, *outside* the profession, will die of marasmus.

ERIE, P.A., Dec. 1851.

Who can Name it? By WILLIAM L. CHALLISS, M. D.

ABOUT three weeks since I was called to see Mr. William C., a man of about 45 years of age, and obtained from him the following statement. Saturday night, three weeks previous to this

time, he returned home from his daily avocations, usually well. Sunday morning, he found he had but the partial use of his left arm, and a strange feeling of stiffness in his left side below the ribs.

In this condition he remained until I saw him, bathing (as he said) first with one thing, then another. By the way, how universally the "*People*" are beguiled by one faculty of our nature—credulity; thinking all virtue exists in the teas of old women, and the nostrums of the artful speculator; thus tampering with frail mortality, until the soul wearied by long watchings, and the body wasted by the progress of disease, sinks under the grievous load. In not a few instances, have I had reason to lament over the anxious spirit, encased within an emaciated form, whose wreck has been induced by the sophistry of the wilful, until I have been led to scorn the man who would barter life for gain.

The appearance of the patient was very much changed from what it was, but a short time previous, when I was in frequent attendance upon his family, three members of which were suffering from colica pictonum, caused by using water transmitted through lead pipes. His countenance was pale and sunken, his expression melancholic. That vivacity which was a marked feature of his character was gone, and sadness and silence sat enthroned.

Upon examination, I found his arm much emaciated, and upon the hinder and middle part of the humerus, was a tumor as large as a turkey's egg, which appeared to be formed of the muscles, and composed a part of them. It was without pain, and very movable. He was able to make flexion and extension but to a very slight extent; nor could he bring the hand but to within six inches of the mouth. But what is singular, the grasp was perfect, and as strong as in health. Upon moving the arm outwards, some pain was produced in the shoulder joint.

The condition of the left side, above named, was involved in great obscurity. The external appearance was not much changed, except slightly raised above the natural form. To the touch, that part, extending from the false ribs to the crista ilii, and from the dorsal vertebræ, to the left rectus muscle, presented a hard and indurated feel. The hardened mass lay immediately be-

neath the skin, and, after a minute investigation, I was able to trace it only to the muscular system. No vital organ seemed to be at all involved. It was sensitive to pressure, and upon motion of the body seemed perfectly rigid. His general system was not at all deranged; appetite was good, and the bowels were entirely regular.

Thus, Mr. Editor, I have endeavored to give you a description of this singular, and to me, perplexing case. Being unable to make a diagnosis satisfactory to myself, I was of course at a loss as to the treatment. Thinking, however, that the nervous centres were in fault, an oblong blister was applied to the spine, extending from the nape of the neck to the dorsal vertebræ. One grain of mercurial mass was given every three hours until slight ptyalism was induced, and active friction was made upon the arm and side with mercurial ointment. This, together with a single active cathartic, comprised the treatment for two weeks; at which time motion was somewhat restored to the arm, and the tumor was removed, but the side remained unchanged. Dry friction to the arm and shoulder-joint was then ordered, followed by ablution with alcohol; and a blister was applied to the dorsal vertebræ, the results of which I have not yet had occasion to observe.

In conclusion, Mr. Editor, I would frankly acknowledge, that I have been working somewhat in the dark, and would be pleased to hear from any one through your columns, who can throw any light on the nature of this case. If it is paralysis, how can all of the phenomena be explained? His system may be to some extent contaminated by the water that poisoned his family, but no domestic use of it has been made for three months past. And if this is the basis of his disease, his case is in every respect different from the others. The patient himself can account for it in no way. He had not been the subject of any unusual excitement, nor had he at the time performed any severe labor. Veiled in mystery is the life of man!

MOORESTOWN, N. J., Nov. 1851.

Monstrosity. By J. BARRON POTTER, M. D.

Dr. JOSEPH PARRISH:—

SIR: I send you the following from my note-book. If worth publishing, it is at your disposal.

June 16th, 1851.—Saw at a post-mortem examination a remarkable case, which occurred in the practice of Dr. E Buck, of this town.

It was a child of full term, and born alive. The abdominal muscles and skin were wholly wanting, exposing to view, as if by the scalpel, the liver and bowels. The breast, arms, and head were largely and well developed; but the spine in the lumbar region somewhat deficient; probably, as a consequence, there was an abortion of the nutritive system in forming the legs and external covering of the abdomen.

One leg was an exact wing or *fin* of a turtle, and quite small, the end having two or three unseparated toes; the other was very large, and made up for all deficiencies in the lower parts by its excessive development. This large leg extended up to the face; and the foot, which was of the club order, rested upon one side of the nose. It breathed a few times after birth.

Drs. Buck, Bowen, and Elmer were also present.

BRIDGETON, Nov. 18th, 1851.

Case of Imperforate Anus. By CHARLES DUNHAM, M. D.

I WAS called, on the evening of Oct. 5th, to visit a child of a boatman—on the second day of its birth. I found the child very fretful and uneasy—the abdomen was much distended and discolored, and, from information of its mother, the feces had been frequently vomited up through the day. I immediately suspected the nature of the case, and upon examination found nothing but a slight indentation to mark the orifice of the anus. As an operation was inevitable, I determined to perform it immediately.

Having procured a bistoury, I made a longitudinal incision, and extended it upwards in the direction of the os sacrum, until I reached a cavity. Upon withdrawing the instrument, to my delight, the meconium flowed copiously. The child was placed in a warm bath for a few minutes, after which a tallow bougie was introduced to prevent adhesion. The little patient seemed much relieved, and dropped into a pleasant sleep. The bougie was continued for a few days, with the occasional use of small doses of castor oil, and the child was so nearly recovered in the course of a week, as to enable its parents to proceed on their journey. I had some apprehensions that the sphincter muscle might be destroyed, but, having had an opportunity of inquiring a few days since, I find that no difficulty has arisen from that source, and the child is in good health.

BORDENTOWN, Nov. 1851.

BIBLIOGRAPHICAL NOTICES.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. Oct. 1851: Lippincott, Grambo & Co. One dollar per annum.

IN the last number of the "Quarterly Summary of the Transactions of the College of Physicians of Philadelphia," amongst a variety of interesting matter with which this little periodical always abounds, we have read with interest a paper by our brother Dr. Isaac Parrish, entitled "Mortality and Insanity in separate plan-prisons in England and America." As the subject embraced in this article is one which especially interests the physicians and legislators of New Jersey (this State having adopted the system of separate confinement, which originated in Pennsylvania), we have deemed it proper to present our readers with a brief abstract of this important paper. The object of the

author is to show that the "Separate system" of imprisonment, which has been so highly lauded, and which has been partially adopted in England, and in some parts of the Continent of Europe, although an improvement upon the old and vindictive methods of punishment formerly in vogue, is still susceptible of great improvements, and needs speedy modification, to adapt it to the mental and physical well-being of those subjected to it.

A detailed account of the buildings, system of management, and history of the great prison at Cherry Hill, near Philadelphia, precedes a full exhibit of the statistics of the establishment, during a period of twenty years, as derived from official sources.

The following extract shows the ratio of mortality in this period:—

"The whole number of prisoners received at the Eastern State Penitentiary, to the close of the year 1848 (as contained in the annual report for that year), is 2421, of whom 1631 were white, and 790 colored. The number of deaths recorded to this time, embracing a period of 19 years, is 214, or nearly 90 in the 1000, or within a fraction of 9 per cent. of the whole number received. Calculating the mortality of each year from the average number of convicts for the year, and then giving the average annual mortality for the whole period, this per centage would be considerably reduced; but the former method appears to me to convey a more accurate idea of the relative proportion between the number subjected to confinement and the number of deaths, besides being that applied by Dr. Winslow to the English prisons, with which we shall presently compare them."

The deaths are said to be mainly from scrofula and consumption, and to be much more numerous amongst the colored than the white prisoners:—

"Acute diseases, and especially infectious and epidemic disorders of a low type, which so frequently scourge crowded and filthy prisons, are unknown at Cherry Hill. The most fruitful source of the large mortality indicated by the above figures is from the deaths amongst the colored prisoners; from the 790 colored inmates received to the close of the year 1848, 141 deaths occurred, being nearly 18 per cent. of the whole number."

While the deaths amongst the whites were about $4\frac{1}{2}$ per cent. of the whole number admitted during the same period.

The same disparity in the mortality between white and colored is observed at the County Prison at Moyamensing, though the general average of mortality of both colors is much less—viz. $2\frac{1}{2}$ per cent. for the whites, and $8\frac{1}{2}$ per cent. for the colored. A fact which is explained by the difference in the length of sentences at the two establishments. Thus, at the State prison,

where the convicts are sentenced for the higher grades of crime, the average duration of their confinement is about three years; while at the County prison, where the lesser crimes are punished, a large proportion are confined for terms not exceeding a year, and a majority between three and nine months.

The influence of length of sentences upon the mortality is further shown, by the statistics of the British prisons. In England, the sentences in the separate prisons rarely exceed a year, the remaining portion of the punishment for grave offences being spent either in associated labor on public works, or in one of the British penal colonies; hence, we find the mortality in their prisons rarely exceeds two per cent.

From a full and impartial examination of the statistics of the Pennsylvania prisons, and of those in England conducted on the same plan, Dr. Parrish concludes that separate confinement, *continued beyond a year*, becomes dangerous to health; and that the close confinement in cells, without a sufficient amount of sunlight, of fresh air, and of out-door employment, favors in a marked degree, the development of scrofula and consumption, and other kindred diseases, which are the main outlets of life in these establishments.

The development of insanity in "separate prisons" is next treated of; and a similar comparison instituted between our prisons and those of England.

It appears from the official tables which have been collated by the author, that the alleged tendency of solitary or separate confinement to produce insanity is fully determined. Even in England, where the sentences rarely exceed a year, 42 cases of insanity out of 8,050 prisoners, or at the rate of 18.7 per 1000 have been reported at the Pentonville prison, which is the model prison of England, a ratio of insanity which is $5\frac{1}{2}$ greater than the average in the community; and which, were it general, would give to England, in 1851, near upon 50,000 male pauper lunatics within her borders!

In the prisons of Philadelphia, and especially in the State prison, the number of insane is alarmingly high, amounting to 55 cases during a period of six years, in an average prison population of 300 persons. These cases are exclusive of a considerable number

who were insane on admission, all of the 55 being developed under the influence of the discipline adopted. It is especially worthy of remark that the same rule holds good here as in the mortality, the length of sentence influencing the result. Thus in the county prison, where the sentences are short, but 23 cases of insanity are reported out of 2815 prisoners, and of these, 14 are said to have been more or less insane on admission; while at Cherry Hill, of the 55 prisoners who have become insane there, 36 were under sentence for over two years, 12 for two years, 6 only for terms between one and two years, and only one for a term of six months.

It is farther stated that there are at this time in the State prison at Cherry Hill, 43 insane prisoners in a population of 300, and that 30 of these have been developed there, thus making 10 per cent. of the whole number of the inmates insane!

In view of these facts, our brother invokes the earnest efforts of the College of Physicians toward producing a modification in the present system. He remarks:—

“From the above comparison of the mortality and insanity of our separate plan prisons with those in England, it will be seen that the State prison at Cherry Hill, where the experiment of separation was first commenced, and where it has been vigorously carried out for more than 20 years, has been the most severely scourged by those disorders which medical experience has proved to follow rigid confinement in close and darkened rooms, without the requisite amount of exercise in the open air, and sunlight. While it is equally evident that the abrogation of the social principle, continued for lengthened periods, as practised here, inflicts upon a certain class of minds serious and oftentimes irreparable mischief. The extent of these evils can only be realized by looking through the entire history of this institution, and computing the mortality and insanity from the whole number of persons subjected to its discipline.

“It is also observed that in the separate plan prisons of England, where the sentences rarely exceed a year, and in which all the modern improvements of construction have been introduced at an enormous expense, the mortality and insanity, although comparatively trifling, have still been sufficiently high to attract the notice of distinguished medical men, and to induce them to doubt the propriety and humanity of the plan.

“This is not the time or place to enter into an examination of the healthfulness of other prisons, as compared with those to which our attention has been directed, or to discuss the relative merits of the plans of imprisonment now in vogue. My object is not to advocate any particular system, but rather to show that an exclusive devotion to one idea on this subject may lead to serious consequences, both as it affects individuals and the State. When we consider the great variety in the physical and mental constitution of man, the many diverse circumstances by which his actions are influenced, and the various grades of moral depravity which mark his departure from a virtuous life, it would seem reasonable that, in graduating punishment,

some regard should be had to these differences; and that one invariable method should not be applied to all. While, therefore, we would not abandon the separate principle as applied for *limited periods* to the generality of convicts, we should be equally averse to applying it to those whose physical and mental constitution were proved, by observation, to be peculiarly obnoxious to its influence.

"To continue such a course would be visiting calamities upon these erring and rebellious subjects of the State which the law never intended, and from which humanity revolts. What more cruel penalty can be inflicted on a fellow-being than the dethronement of his reason!—to be doomed to a life of sorrow and privation—the creature of sudden impulse, or the passive and imbecile instrument of another's will! What hope of steady and consistent conduct can light the path of those whose minds have been unhinged by the very means taken to enlighten and reform them?

"These are questions which naturally arise in view of the facts here presented; they are not the offspring of a sickly sentimentality, or of a morbid sympathy for criminals; they affect alike the honor and reputation of the commonwealth, and the best interests of those who have forfeited their liberty, by violating its laws."

We are not aware how far the statistics of the State prison at Trenton would confirm the conclusions arrived at in the above quotation.

We believe that the same tendency to bodily and mental maladies has been observed there, though we are inclined to think that the isolation of the convicts is much less rigidly enforced than in Pennsylvania.

There is more intercourse amongst them, and numbers are often seen working in company, thus breaking in upon the monotony and solitude which so eminently favor the development of insanity. The subject is one of deep interest to our State, and seeing the effect produced by the separate system, as practised in the neighboring commonwealths, it behoves us to guard carefully against its evils here; and to be prepared to act for the cause of justice and humanity, if we should find them infringed upon, even in the persons of those who have forfeited their liberty by the commission of crimes against the laws.

EDITORIAL.

THE JENNER MONUMENT.

A NOTICE of the fact, that an effort is being made to raise, by subscription, a sum of money sufficient to erect a statue in *bronze*, as a *tribute from all nations*, to the memory of Dr. Jenner, seems to be due from us, to our readers. Those who may feel disposed to contribute to this object, may do so by sending the amount to either of the gentlemen named below. The subscription price is limited to one dollar, so as to secure a large list, and the statue is to be erected in London, the city of the world, for the world's admiration.

In looking over a little memoir of Jenner, we have been particularly pleased with the singular simplicity and humility of his character, as displayed in the fact of his refusal to avail himself of the peculiar advantages which his name and reputation would have secured to him in a more extended and lucrative practice of his profession, from which we may infer that, to him, the thought of a statue to commemorate his great achievement in science would have been repulsive. One or more medical friends who enjoyed his confidence, urged him, in view of his certain success, to leave the country, and settle in Grosvenor Square, assuring him that he might rely on an income of ten thousand a year, as the fruit of his practice; but he could not be induced to leave Gloucestershire, and wrote to his friend, as follows: "Shall I, who, even in the morning of my days, sought the lowly and sequestered paths of life, the valley, and not the mountain,—shall I, now my evening is fast approaching, hold myself up as an object for fortune and for fame? Admitting it as a certainty that I obtain both, what stock shall I add to my little fund of happiness? And, as for fame, what is it? A gilded bait, forever pierced with the arrows of malignancy." Yet, notwithstanding his retired location, and his dislike for fame,—the fruits of his study, and his trials, have earned for him a name which may never be forgotten.

And here we would notice a pleasing incident, in the history of vaccination, which is alike a testimony in its favor, and a tribute of grateful remembrance of its discoverer. On the 14th of May, 1796, the first opportunity was offered for a fair trial of Jenner's experiment. The subject was James Phipps, a boy of eight years old, in whose arms the first incisions were made. The result was entirely satisfactory, as inoculation afterwards had no effect. And on the annual occurrence of this day, a festival is held at Berlin in commemoration of the event. Few such men as Jenner have lived; and that his name is written in the annals of medicine, and in the hearts of its votaries, is a fact of which the profession may well be proud. The following is a description of his personal appearance: "His height was rather under the middle size; his person was robust, but active and well formed. In his dress he was peculiarly neat, and everything about him showed the man intent and serious, and well prepared to meet the duties of his calling. He dressed in a blue coat, with yellow buttons, buskins, well-polished jockey boots, with handsome silver spurs, and carried a smart whip with a silver handle. His hair, after the fashion of the times, was done up in a club; and he wore a broad-brimmed hat."

Those who wish to give a dollar, to *materialize* this description, may send it to

GEO. B. WOOD, M. D. }
R. DUNGLISON, M. D. } PHILA.
T. D. MÜTTER, M. D. }

MARTYN PAINE, M. D. }
HORACE GREEN, M. D. } NEW YORK.
CHAS. A. LEE, M. D. }

JOHN C. WARREN, M. D. }
JOHN WARE, M. D. } BOSTON.
JAMES JACKSON, M. D. }

THE ANNUAL MEETING.

We again call the attention of our readers to the Secretary's notice of the ensuing annual meeting which may be found on the 2d page of the cover. As this is to be the first annual gathering of the profession at the State Capitol, we hope it will be a large and spirited meeting, and that the different delegations will go,

prepared to stay till the business shall be accomplished, and not hasten away before the first day shall close. The great fault in our meetings hitherto, existed in the fact that the time allotted for transacting the business was entirely too short to admit of its being properly done. Elections, reports, communications, the annual address, and a multitude of other items, besides the dinner and the smoking, were crowded into about four hours; but we hope the new arrangement will be the means of great improvement. We expect that our efficient Standing Committee will make ample provision for a full attendance, and they ought not to be disappointed.

"Hints to the People on the Profession of Medicine. By WM. MAXWELL WOOD, M. D."

This little book has been received, and we notice it thus, to call attention to the Circular issued by the Faculty of the Buffalo Medical University, in regard to it, which accompanies this number of the Reporter. Read it, and get a few copies of the book, to circulate among the people.

DENTAL COLLEGE AT SYRACUSE, N. Y.

We have received the first annual announcement of the *New York College of Dental Surgery*, located at Syracuse, N. Y. It consists of a corps of five professors, who are men of standing and experience in the medical and dental professions, and whose lectures will embrace the range of subjects usually treated of in dental colleges. The following are the names of the Faculty. A. Westcott, M. D., D. D. S., A. B. Shipman, M. D., Thomas Spencer, M. D., R. F. Stevens, M. D., and one chair vacant. Daniel Van Denburgh, D. D. S., Demonstrator. The first lecture term began the first Monday in December, to continue fifteen weeks. We wish the Faculty success in their endeavors to advance the interests and usefulness of the dental profession. (We regret that by an oversight this announcement was not noticed before.) *

TO CORRESPONDENTS.

Dr. Fitch's case, acknowledged in our last, is unavoidably postponed until our next issue.

"*Thoughts on the Influence of Malaria on Man*," by F. A. Kinch, M. D., of Westfield, N. J., will appear in due season.

EDITOR'S TABLE.

The following works, &c., lie on our table:—

Retro-Pharyngeal Abscess; its Medical History and Treatment, with a Statistical Table of Fifty-eight Cases. By CHARLES M. ALLIN, M. D., Resident Surgeon of the N. Y. Hospital. From the Author.

This is a valuable pamphlet of thirty-eight pages, reprinted from the N. Y. *Journal of Medicine*. It treats on a disease which has not received as much attention from medical men as, from the frequency of its occurrence, it deserves. We hope to give it a more extended notice in our next.

Acton on Diseases of the Urinary and Genital Organs, J. S. Redfield, Clinton Hall, N. York; *Beck's Materia Medica and Therapeutics*, Samuel S. & Wm. Wood, 261 Pearl St., New York; and the *Pocket Anatomist*, Geo. H. Derby & Co., Buffalo, N. Y., are received too late for extended notice in this number.

American Veterinary Journal: devoted to the Diffusion of Veterinary Knowledge. Edited by GEO. H. DADD, M. D., Boston, Mass. Thirty-two pages monthly. One dollar a year in advance.

We have received one or two numbers of this periodical, which certainly fills a blank that has too long existed among our periodical publications. Yet we are sorry to see that it is devoted to the interests of what is arrogantly termed the "*reformed practice*" of medicine, as the work can have no solid and permanent foundation, unless it inculcates principles in harmony with those of the generally received rational views of pathology and therapeutics.

We have also received the prospectus of the "*East Tennessee Record of Medicine and Surgery*." This work, which will be issued about the first of March, is to be published under the auspices of the East Tennessee Medical Society, at Knoxville, Tenn., under the editorial supervision of FRANK A. RAMSEY, M. D. It is to be a quarterly, of one hundred pages octavo, at two dollars per annum in advance. We wish the work all success, and shall be happy to welcome it in exchange. *

OBITUARY NOTICES.

Died, in Philadelphia, Joshua M. Wallace, M. D., Nov. 10th, in the thirty-seventh year of his age.

— in New York, Nov. 12th, Granville Sharp Pattison, M. D., Prof. of Anatomy in the University of the city of New York.

— in Philadelphia, Frederick Crowley, M. D., aged thirty-eight years.

— in Aurora, Ill., Sept. 16th, N. Hard, M. D., Prof. of Anatomy in the College of Physicians and Surgeons of the Iowa University.

— in New York, Nov. 21st, James R. Manly, M. D., in the seventieth year of his age.

— in Providence, R. I., Dr. Wheaton, aged ninety.

— in Zurich, Germany, Dr. Lorenza Oken, the famous naturalist, aged seventy-three, Professor of Natural History in the University of Zurich.

— in Paris, Dr. Baudelocque, aged fifty-five.

— in Cincinnati, N. T. Priestly, M. D., a highly respected and worthy member of the profession.

— in Newark, N. J., Whitfield Nichols, M. D. Will some friend at Newark prepare a notice of Dr. Nichols for the *Reporter*?

ECLECTIC AND SUMMARY DEPARTMENT.

A New Method of whitening Bones.—Dr. ELLERSLIE WALLACE, Demonstrator of Anatomy in the Jefferson Medical College, Philadelphia, recommends, in the *Medical Examiner*, the employment of sulphuric ether, for the purpose of extracting greasy matters from bones, of which it is desired to make preparations. Twenty-five or thirty pounds of ether (which may be obtained for 18 cents per lb.) is enough for a skeleton, if the bones be closely packed in a proper case. After the ether has become saturated with oil, it may be distilled off. To morbid specimens, as of caries, &c., this method is admirably adapted, not in the least injuring the delicate structure. *

Turn of Life.—From forty to sixty, a man who has properly regulated himself may be considered as in the prime of life. His matured strength of constitution renders him almost impervious to the attacks of disease, and experience has given his judgment the soundness of almost infallibility. His mind is resolute, firm, and equal; all his functions are in the highest order; he assumes the mastery over business; builds up a competence on the foundation he has formed in early manhood, and passes through a period of life attended by many gratifications. Having gone a year or two past sixty, he arrives at a critical period in the road of existence; the river of death flows before him, and he remains at a standstill. But athwart this river is a viaduct, called "The Turn of Life," which, if crossed in safety, leads to the valley of "Old Age," round which the river winds, and then flows beyond, without a boat or causeway to effect its passage. The bridge is, however, constructed of fragile materials, and it depends upon how it is

trodden whether it bend or break. Gout, apoplexy, and other bad characters, also, are in the vicinity, to waylay the traveller, and thrust him from the pass; but led him gird up his loins, and provide himself with a fitting staff, and he may trudge on in safety with perfect composure. To quit metaphor, "The Turn of Life" is a turn either into a prolonged walk, or into the grave. The system and powers, having reached their utmost expansion, now begin either to close like flowers at sunset, or break down at once. One injudicious stimulant, a single fatal excitement, may force it beyond its strength—whilst a careful supply of props, and the withdrawal of all that tends to force a plant, will sustain it in beauty and in vigor until night has entirely set.—*The Science of Life, by a Physician.*

Pertussis; its Treatment. By R. L. MADISON, M. D., of Petersburg, Va. —After some preliminary remarks, the author observes that a careful investigation of a good many cases, which have recently presented themselves to my observation, induces me to believe that the cough is essentially *nervous* in its character, developed by a specific irritation of the *spinal cord* extending from the origin of the *eighth* pair down to that of the *phrenic* nerve. This conclusion is arrived at by a species of negative induction. If the cough were dependent upon pneumonic inflammation, we should have all the physical signs of pneumonia constantly developed. If it originated in a bronchitic irritation, we should have hooping-cough with every attack of bronchitis. If irritation of the *peripheral* extremity of the pneumogastric nerve were its cause, that in itself would be sufficient to produce pneumonia in every case! Inasmuch, therefore, as these causes seem evidently inadequate to develop the characteristic phenomena of hooping-cough, and since these phenomena are clearly of a nervous character, and the parts involved in the disease are only those to which the eighth pair and phrenic nerves are distributed, I am forced to believe that the source of irritation—the cause of the disease—is to be found in the spinal cord at the roots of these nerves.

Acting in accordance with this belief, I have adopted a method of treatment remarkably simple and eminently successful. It consists in the application of a *blister to the nucha*, which, upon the principle of counter-irritation, speedily and permanently relieves all the distressing symptoms of the cough. In a large majority of cases, a single application of the blister will suffice for an instantaneous cure. Those which resist the first application yield to a second, aided by the internal administration of quinine, or of iron combined with quinine in form of the citrate. I would not recommend the use of the blister in case of infants of a very tender age; but pustulation, by means of the unguentum antimonii or the ol. tigii, will accomplish the desired object.

Now, whether these brief views in regard to the "pathology of pertussis," be correct or not—whether they be condemned as theoretical, and the treatment as empirical—certainly the success which has attended my efforts, justifies me in warmly recommending it to the attentive consideration of my professional brethren.—[*Stethoscope.* (From the *Western Lancet.*)

Influence of the Hour of the Day on Births and Deaths.—Dr. CASPER, the eminent statistician, has been led to the following conclusions with regard to the influence of the hour of the day on births and deaths. The observations with regard to deaths are based upon 5591 cases. It would be well if the physicians of our State could be induced to adopt some plan by which statistical observations on every subject interesting to physicians, and, of course, through them to the public, might be recorded for the benefit, if not of our own age, at least of succeeding ones. Through our State medical organization we might accomplish much in this way:—

"1. *As to Births.*—More births occur from nine o'clock in the evening to

six o'clock in the morning, than during the other hours of the twenty-four. Labor pains commence more frequently between midnight and three o'clock in the morning, than at other times. Of those births which terminated during the day, the majority were male children. Labor is longer if the pains begin in the day-time, than if it commence during the night. This influence is more striking with still-born than with living children.

"2. *As to Deaths.*—The maximum general mortality occurs during the earlier hours of the day, the minimum in the evening. Of special causes of death, the relative mortality with reference to the time of day presents many variations. Inflammatory diseases present their maximum in the after part of the day; fevers and exanthemata in the earlier hours of the night; hemorrhages in the fore part of the day, and in the afternoon; and the neuroses generally in the hours after midnight."—(*Lond. Med. Gazette.*)—From *N. H. Journ. of Medicine*, Dec., 1851.

Phosphate of Lime in Scrofula and other depraved states of the System. By W. STONE, M.D., Prof. of Surgery in the University of Louisiana.—In the July number of the reprint of the *London Lancet*, there is an article by Beneke, entitled the Physiology and Pathology of the Oxalate and Phosphate of Lime, and their relation to the formation of cells. The conclusions of the author are based upon careful chemical research and results from the use of the remedy. His researches show that in man, as well as in vegetables and inferior animals, phosphate of lime as well as albumen and fat is absolutely essential for the formation of cells, and he considers that many of the pathological states of the system depend upon a deficiency of this salt. The affections in which it is advised are ulcerations dependent upon a general dyscrasia, and not a mere local affection; infantile atrophy; in those suffering from rickets and consequent diarrhoea and tuberculous diseases, particularly of the lungs in the early stages. I was favorably impressed with the article, and, being encouraged by the results of the practice, I am induced to relate a few cases by way of calling the attention of the profession to it, believing great improvement may be made in the treatment of diseases dependent upon vice of nutrition.

CASE I.—Slave Bob was admitted into my Infirmary early in July, with a disease of his nose. Two large fungous growths, one on each side of the nose—barely separated by a strip of sound skin in the centre, of about one inch in diameter—extended nearly to the corners of the eyes. The cavities of the nose were filled by a similar growth, and the disease was making its appearance in the roof of the mouth. His general appearance was bad, and not unlike that of a dirt eater. He complained of pains in different parts of the body, but not much at the seat of the disease, and he had an indolent swelling on one of his feet which finally softened down, and, on being opened, discharged a thin matter and broken down tissue, leaving an ill-conditioned ulcer. I had to rely upon him for his history, which must necessarily be imperfect. He said the disease commenced four months previous in the nasal cavities and gradually made its way through. An examination showed that the bones had been absorbed—the mass bled freely, and upon pressure a thick cream-like pus appeared, and some of it resembled softened tuberculous matter. Pulse feeble and frequent, and digestion bad. I do not know what particular treatment he had been under, but he appeared to be slightly under the influence of mercury, and I put him upon the use of the hydriod. of potass—cut off the fungus externally, and extracted as much as was practicable from the nasal cavities, with polypus forceps, and used a lotion of the sulphate of copper. No perceptible improvement followed; and on the first of August, I put him upon the use of cod-liver oil; but his digestion continued bad; had acid eructations, which he thought were worse when he took the oil. The phosphate of lime was added, eight grains three times

a day, and he soon began, for the first time, to improve. His color began to return—the local disease began to assume a better appearance. Local treatment was disregarded, and the oil and phosphate of lime has been continued up to this time. His color is now of a shining healthy black. The fungus is even with the surrounding skin. Cicatrization is taking place, and the fungus has disappeared from the nasal cavities, so that he breathes quite freely through them. Those having confidence in cod-liver oil, may attribute the favorable change to it alone, but I would say that no favorable change took place until the lime was given, although it had been given sufficiently, I think, for a fair trial. The oil may supply one deficiency, and the lime another; but my object is not to theorize, but to draw attention. Bleeding, leeching, cups, and gum water, on the one hand; and tonics, stimulants, and opium, on the other, are sufficiently well understood; but I believe that chemistry is yet to assist us and enable us to relieve many of those undefinable maladies that depend upon vices of nutrition, either hereditary or acquired, which cut off so many before the natural decay of the system takes place.

CASE II.—Miss —, aged 24, had been in delicate health for some time, without suffering from any particular disease. In May last, a dry cough commenced, and loss of appetite followed, etc. But to make it brief, as it is but a common case, I saw her about the middle of June, and found the upper part of both lungs filled with tubercles, in some places beginning to soften. Her cough was almost incessant, expectoration slight, consisting of viscid mucus, streaked with pus, and occasionally with blood; pulse a hundred and twenty, much emaciated, and her menses had ceased. She had fever in the evening, and exhausting night sweats. I ordered cod-liver oil, together with a soothing cough mixture, for temporary relief, and to procure rest, which she could not get without. This course afforded some relief, but the appetite did not improve, and I could not say that any marked improvement had taken place. About the first of July, I gave the phosphate of lime, in addition to the oil, and in a short time there appeared to be some improvement in the appetite; the sweats began to leave, and her color gradually to return. The same course has been continued up to the present time, and she says she feels better than she has for two years. Her cough is in a great manner gone; she has gained considerable flesh, and has for the last two periods menstruated more naturally than for two years previously. There could be no doubt as to the precise nature of this case, and I am free to allow full credit to the oil, but I am confident that the lime was equally useful. The patient, who knows nothing of the medicine, spoke of its good effects. If the theory upon which its beneficial effects are based is correct, it ought to be an admirable assistant to the oil. I do not pretend that this patient is effectually cured, but it must be admitted that the result of the treatment is highly encouraging. It was a case of unmixed phthisis, that might have been expected to terminate in the course of a few months.—*N. O. Medical Register.*

On the Constitutional Origin of Erysipelas, and its Treatment.—Dr. A. J. WALSH has furnished the *Dublin Quarterly Journ.* (Aug., 1851) some remarks on this subject, with cases, which are worthy of consideration.

The following is a summary of his remarks:—

1st. That erysipelas is a constitutional disease, depending solely on a morbid state of the blood; and that the eruption and fever are the means that nature takes to get rid of this poison.

2d. That, for all practical purposes, it is only necessary to divide the disease into idiopathic and traumatic.

3d. That tartar emetic seems to act specifically in erysipelas, by assisting nature in her efforts to throw off the disease.

4th. The best method of administering this medicine is by dissolving one grain in a quart of any bland fluid; the solution to be taken in the twenty-four hours.

5th. That as soon as the tartar emetic has acted sufficiently, sulphate of quina, or some other tonic, is to be administered.

6th. That, if the patient is debilitated, we must administer tonics at the same time that we give the tartar emetic.

7th. That, under this treatment, the erysipelatous inflammation may spread, but not with the same violence nor to the same extent as if the disease were left to itself.

8th. That we shall often require to give aperient medicine during the course of the case, as it is absolutely necessary to keep the bowels free.

9th. That local applications are unnecessary, and often injurious.

10th. That incisions are not necessary, except in the third, or suppurative stage; and if the antimonial treatment be early resorted to, it very rarely occurs that suppuration takes place.—*Amer. Jour. Med. Science.*

Case of Large Thyroidal Tumor dispersed by the use of Iodine. By LEWIS A. SAYRE, M. D., Prosector of Surgery in College of Physicians and Surgeons.—Mr. F. E. T. (of Georgia), aged 56, of good constitution and robust health, in February, 1850, discovered a small tumor in the right side of the neck, just above the clavicle, and close to the larynx. The tumor was about the size of a small hickory-nut, firm to the touch, and rather hard, immovable, and not painful when handled. Although rather too low down in the neck for the thyroid body, yet it was suspected that it might be a lobe of that organ, and he was directed to use iodine externally and internally, in order to promote its absorption. He accordingly took ten drops of tinct. iodine three times a day, and applied iodine ointment externally.

The treatment, however, had no effect upon the tumor, which continued constantly to increase until Sept., 1850, when he came to me for its removal. It had attained nearly twice the size of a man's fist, interfering considerably with deglutition and respiration, by pressure upon the trachea and oesophagus, and producing quite a deformity.

After carefully examining it, and finding it confined entirely to one side of the neck, and being too low down for the thyroid body, and but slightly elevated and depressed by the act of deglutition, I looked upon it as a tumor independent of the thyroid body, and consented to remove it for him the next day.

Before doing so, however, I was anxious to obtain Dr. Parker's opinion upon the case, and suggested to him that there was a bare possibility of his being cured without an operation; and as the case involved so many important organs and vessels in the operation, I was anxious to know if he, Dr. P., would consider it feasible or justifiable.

Dr. P. at once decided against the operation as an absolute impossibility, on account of its size and the vessels involved in it, and suggested that, although it might not be the thyroid body itself, yet being situated so near it, and being so vascular, he thought it would come under the influence of iodine, if it were pushed to its full effect upon the system.

He was, therefore, put upon Lugol's solution, three drops three times a day, and increased one drop at each dose until ninety drops a day were given. Externally, he was directed to apply a cloth saturated with iodine, and to cover that constantly with salt and cold water, or salt and ice, or some other refrigerant mixture, in order to retard the circulation and diminish the vitality of the part. Whilst under the use of iodine, he was directed to abstain from the use of much food containing starch.

This treatment was commenced on the 20th September, 1850, and continued perseveringly up to the 1st of February, 1851, a period of four

months and a half, without any effect whatever upon the tumor except that of *arresting* its growth; but, up to this period, it had not diminished in the least.

From this time, however, it began to diminish in size, and, by the 1st of April, it had entirely disappeared. I have seen Mr. T. since, and there is not the slightest trace of any disease ever having existed, except that the skin is slightly thickened and corrugated over the part.

No treatment whatever has been employed since the 1st of April. The patient's health continued uninterruptedly good during the treatment, although he was taking ninety drops of Lugol's solution of iodine every day for more than four months, and also applying it constantly externally, yet he had no loss of venereal appetite, or loss of power in his genital organs.

I have called this a *thyroideal tumor* on account of its position, and from the fact that we do find encysted tumors occurring so near the thyroid body as, in some instances, to be actually imbedded in it.

Dr. Markoe described three cases of this kind at the meeting of the Pathological Society in October last. One of the tumors he removed by the knife, and found it about the size of a large nut, and situated on the left lobe of the thyroid body, and, on dissecting it out, he found it so imbedded in that organ as to make quite a depression, or cup-shaped cavity in the gland, and yet it was separated entirely from the organ by its own proper cyst or envelope.

The two other cases which Dr. Markoe described were, as he thought, precisely similar in character, and were entirely dispersed by the use of iodine.

I see no reason why, if these tumors had been allowed to remain, they should not have attained the magnitude and importance of that which occurred in our patient, which I look upon as of a precisely similar nature.

We have the authority of Sir Benjamin Brodie that there are other tumors beside glandular enlargements which have been dispersed by the use of iodine; and I merely furnish the present case as an additional proof of the correctness of his opinion, and also to convince others of the importance of attempting, in similar cases, what may be accomplished by *conservative surgery* before resorting to that last alternative, which is alike unpleasant to the patient and the surgeon—the knife.—*N. Y. Med. Times.*

Diseases of Females.—We condense the following from an essay read by JOHN E. TYLER, M. D., of Rollinsford, N. H., before the Strafford District Medical Society. The essay is published at length in the *New Hampshire Journal of Medicine* for November.

After adverting to, and lamenting over, the careless and speculative manner with which diseases are too often treated in many of our medical works, causing much loss of time to both practitioner and patient, and administering a passing rebuke to practitioners who do not devote as much time, attention, and patient investigation to the many complaints to which females are liable, our author proceeds as follows:—

"For convenience sake, these patients may be arranged in two groups, according to the treatment required. There are, however, some symptoms common to both, which I will first enumerate. There is generally present and complained of a degree of general debility, and a constant feeling of languor. The countenance is pale, and wears an anxious expression. Sometimes, however, the face is ruddy and the person in full habit, but the anxious expression is never gone.

"There are neuralgic pains in different parts of the body, chiefly and most troublesome in the back and hips, and (a fact which I ask you especially to notice) in the top of the head; the respiration is shorter and a little quicker than is natural. Palpitations are common. The appetite is

capricious. The bowels are commonly confined. A continual and harassing distress is felt in the abdomen. I have often heard it expressed thus: 'I feel as if my insides were fastened to my backbone, and somebody was pulling them down out of my body;' or thus: 'When I move, my bowels seem to tumble together from side to side in a mass.' There is extreme weakness and tenderness in the lumbar region. In bad cases, hysteria is present in any of all its protean forms. At times, the patient becomes literally as pale and cold as death. The stomach seems thoroughly crazed, and vomits a characteristic fluid of a pale green color. These symptoms the two classes possess in common. In what I will style class first, there may or may not be some displacement of the uterus. Usually, it is prolapsed and more or less retroverted, and often has a hardened swollen feeling. The parts are relaxed, and without soreness.

"In class second, in addition to the symptoms which I have above denominated common, are found a greater or less degree of soreness of the abdomen; great tenderness and throbbing in the lumbar region; a general soreness of the whole skin; and a sensation of internal heat. The vagina is contracted and extremely tender; the uterus is often prolapsed or otherwise displaced, and often swollen and very sensitive."

In the kinds of cases above described, the author has recommended supporters and pessaries—absolute rest, and the recumbent position for months and months—and has employed many remedies in accordance with the recommendations of the books, without satisfying either himself or his patients.

"Without attempting to give any precise pathological views of these cases, I will at once state the following to be the objects which I have aimed at in my treatment:—

"To remove uterine irritation and subacute inflammation:

"To quiet the general nervous disturbance:

"To give tone to the nervous system:

"To give tone to the uterus and its appendages, and thus to recruit the whole body. The course I have followed has been this:—

"For patients enumerated in class first, I order a plaster of galbanum to the hypogastrium, to reach from the pubis to within an inch of the navel, and to the hips on either side; and another to the lumbar region. I direct cold water to be applied, by means of a wet roller, around the abdomen and back; and, in warm weather, *always*, and, in cold weather, *often*, the use of the cold hip-bath, with frictions afterwards once in a day. Injections per anum of cold water, or of cold Castile soap-suds—and injections per vaginam of the cold compound liquor of alum of the London Pharmacopœia—that is, of alum and sulphate of zinc; and afterwards of a decoction of white-oak bark. The whole body is to be frequently bathed with cold water, and freely rubbed afterwards. Internally, I prescribe the following pill, to be taken at bedtime:—

R. Ext. Belladonnæ,	gr. ½;
Ext. Nuc. Vom.,	gr. ½;
Ext. Valerianæ,	gr. j; M. f. pil. No. j.

and from half an ounce to an ounce of the following infusion, to be taken three times in a day before eating:—

R. Quassia Excels.,	℥ss;
Magnes. Ustæ,	℥j;
Aq. Bull.,	℥j; M. f. infus.

and occasionally a draught of the decoction of uva ursi.

"If the uterus be found congested, evinced by the hardened swollen feel, I exhibit small doses of the iodide of potassium and ergot. If the patient suffers from menorrhagia, I make use of the following pill once, twice, or thrice a day:—

R. Ferri Sulphat., }	aa gr. j;
Ergotæ Pulv., }	
Kino Pulv., }	gr. ½;
	Extract. tarax. q. s. ad. f. pil. No. j.

"In treating what I have styled class second, if I find the soreness in the uterine region to be considerable, I give the following:—

R. Potass. Cyanide,	gr. ij;
Ext. Bellad.,	gr. j;
Aq. Camph.,	f 3ij;
M. S. f 3j quaque sexta horâ.	

"If the patient be quite feeble, I combine with the above a small quantity of quinine, or of tincture of *nux vomica*.

"At bedtime, from one to three grains of lupulin should be given.

"I order baths to the abdomen of a weak tincture of *arnica*, and of cold water alternately.

"When, by these means, the soreness spoken of is somewhat removed, I substitute for the above solution the following recipe:—

R. Vin. Colch.,	f 3j;
Tr. Nuc. Vom.,	f 3ij;
Tr. Belladonnæ,	f 3j;
Aq. Puræ,	f 3ij;
S. f 3j every six hours, and continue the lupulin.	

"Injections of cold water should be used every day, both per anum and per vaginam. When, by perseverance with this plan, varied and added to, to meet particular cases, my patient comes to the condition of those described in class first, I treat her as I have already stated.

"By using the means thus detailed, faithfully and perseveringly, I have been gratified to find that one after another of the indications for treatment before stated have, in many cases, been fulfilled—that the appendages of the uterus regained their tone and strength, and the organ itself resumed its normal position—and that my patients, instead of groaning away long days and nights, became, in a measure, fresh and vigorous, and able again to call life a blessing.

"I have a few words to say respecting some of the articles used.

"*Belladonna* has long been used in the treatment of neuralgia. For the relief of pain, or nervousness dependent on uterine irritations, it is almost a specific. Nothing will so speedily relieve the agony of dysmenorrhœa as belladonna. And the chief reason why this agent is so much more effectual in relieving the neuralgia of females than that of males is, I believe, because the former, in a very great majority of cases, is dependent on uterine irritation.

"*Lupulin*.—This we have seen recommended to allay undue excitement about the genitals, as in spermatorrhœa, nymphomania, &c. Proving effectual for this purpose, it occurred to me that it might avail something in removing the soreness or erethism of the vagina and uterus, which is always so exceedingly obstinate. And it really is wonderful in its action.

"*Cyanide of Potassium*.—This article has a powerful influence in removing inflammatory action and active congestion of the uterus. In cases of sudden suppression of the menses from cold or fright, where there is present any degree of febrile action or tenderness in the uterine region, the exhibition of this, after the proper evacuations have been premised, will rarely fail to bring on the suspended discharge. This article should not be confounded with the prussiate of potash.

"*Quassia* has long been known to possess an anodyne as well as a tonic power. It certainly is pre-eminent among the tonics in giving tone to the uterus and its appendages. It was through the merest accident that I was led to prescribe it in connection with magnesia for these disorders. I was

much pleased with its prompt action, and more with the permanency of the good it wrought. I was confirmed in its use by a friend, who pointed out to me the quaint remark of an old writer, that 'Quassia, combined with some one of the absorbents, greatly availeth in cases of hysteric atony.'

"*Nux Vomica*, in minute doses, besides being a most valuable tonic to the nervous system, possesses the power of keeping the bowels in a proper condition."

Our author goes on to call special attention to a particular symptom, viz., "the intense pain and heat in the top of the head."* This he considers a perfectly sure diagnostic sign of uterine trouble of some sort. He is not aware of the mention of this fact by any writer.

"This pain is often extreme in females who have passed 'the turn of life'—so severe as to lead us to apprehend serious cerebral trouble. There may be no unpleasant sensations in the uterine region, or in any other part of the body. Nothing will be complained of save this agonizing pain and heat in the top of the head. *Belladonna* will very shortly remove this, and quassia will prevent its recurrence; and I know of no other article of the materia medica of which I can thus speak." *

Treatment of Urticaria by the Sulphate of Quinine.—This is an eruptive disease, usually distinguished by elevations of the cuticle in the form of wheals; it is sometimes exceedingly obstinate, resisting all the means that may be brought to bear against it. We are induced to notice this affection, because recently we have met with two or three cases that yielded only to large doses of quinine.

It is often quite simple in its nature, yielding readily to tepid baths, mild cathartics, and a restricted diet; but, again, it is accompanied with much febrile disturbance, pain in the epigastrium, nausea, fulness in the head, and a burning sensation over the surface of the body; the face, hands, and feet swell; the eyes are almost closed; the tongue is loaded with a white coat, and the itching is intolerable at times. Again, the eruption is accompanied with severe articular pains, all of which phenomena serve to complicate the exanthema, and augment the difficulties of the case. Dr. Wickham and M. Legrouse, of the Hospital Beaujon, report some cases of the worst forms of urticaria, which were promptly cured by full doses of quinine, continued for two or three days.

Treated with quinine, the articular pains, the painful tumefaction of the face, feet, and hands, the eruption itself, rapidly disappeared, together with the nausea, febrile excitement, and, indeed, all the distressing symptoms. —*New Orleans Med. and Surg. Journ.*

Action of Water on Lead Pipes.—The attention of readers is requested to the following circular of one of the Committees appointed at the last meeting of the American Medical Association. It is only by a generous and hearty assistance from their professional brethren that the full benefit of these committees is to be obtained.

To the Members of the Medical Profession in the United States.—The undersigned, a Committee of the American Medical Association to report on "the action of water on lead pipes, and the diseases which proceed from it," are desirous of obtaining from their professional brethren any information that is calculated to throw light on this important, but hitherto generally unobserved subject. They therefore take the liberty of proposing the following questions.

* The fact here referred to by Dr. Tyler, must be familiar to most practitioners, though probably it is not sufficiently regarded by many. Those who have had the pleasure of attending the instructive lectures of Professor Hodge, of the University of Pennsylvania, will remember with how much earnestness he called attention to this pain in the top of the head as a diagnostic sign of uterine disturbance. *

1st. Have you, in your practice, met with cases of lead or painter's colic produced by using water drawn through lead pipes, or contained in leaden cisterns?

2d. Have you met with cases of arthralgy? If so, have they been attributable to this cause?

3. Have painful neuralgic diseases been observed by you, among persons using water thus exposed to lead?

4th. Have you seen instances of lead encephalopathy?

5th. Have you observed paralysis, as a precursor, concomitant, or sequel to either of the above forms of disease?

Answers to any or all the foregoing questions, and any facts or information as to any form of disease originating in the use of water impregnated with lead, will be very gratefully received. Accurate descriptions of all cases would be very desirable, especially their early history. It will also be very important to know the length of time each individual case had been exposed to lead before the disease became manifest.

As the report must be made at the Annual Meeting of the Association, to be held in Richmond, Va., in May next, it is desirable that all information should be forwarded to any one of the Committee previous to the first of March next.

Waltham, Dec. 5th,
1851.

HORATIO ADAMS, Waltham, Mass. } Committee.
SAM'L L. DANA, Lowell, " }
JOHN C. DALTON, " " }

P. S.—Editors of Medical Journals and publishers of newspapers, throughout the Union, are respectfully requested to give the above an insertion in their respective Journals.

American Medical Association.—Committee on the Radical Cure of Reducible Hernia. To the Members of the Medical Profession throughout the United States.—The undersigned are a Committee of the American Medical Association, to report on "the radical cure of reducible hernia." They are desirous of obtaining from their professional brethren any information that is calculated to throw light on this important and interesting subject.

They therefore take the liberty of proposing the following questions. An answer to any or all of them, or any facts connected with the branch of surgery on which they are directed to report, would be gratefully received.

1st. Have you been in the practice of treating reducible hernia with a view to its radical cure?

2d. Have you ever performed any surgical operation for this purpose?

3d. If so, please to describe the operation and the mode of performing it.

4th. What proportion of cases, of all in which you have operated, has been cured?

5th. Have any alarming or fatal effects, in any instance, been caused by the operation?

6th. If so, please to describe them.

As the Report must be made at the Annual Meeting of the Association, to be held in Richmond, Va., in May next, it is desirable that the answers to the above questions should be forwarded to any one of the Committee on or before March 1st, 1852.

GEO. HAYWARD, } Committee.
J. MASON WARREN, }
S. PARKMAN, }

P. S.—Editors of Medical Journals and publishers of newspapers, throughout the United States, are respectfully requested to give the above an insertion in their respective Journals.

Boston, November 26th, 1851.